

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New Trier Democratic Organization

ADDRESS (number and street)

800 Oak St.

☐Check if different  
than previously  
reported. (ACC)

Winnetka

IL

60093

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422519

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

23

2010

through

12

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel M. Kaplan

Signature of Treasurer

Electronically Filed by Daniel M. Kaplan

Date

01

29

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name  
New Trier Democratic Organization

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	26372.33
(b) Cash on Hand at Beginning of Reporting Period .....	21004.05	
(c) Total Receipts (from Line 19) .....	4027.54	74262.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25031.59	100635.14
7. Total Disbursements (from Line 31) .....	14017.89	89621.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11013.70	11013.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name

New Trier Democratic Organization

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1200.00	54651.95
(ii) Unitemized .....	125.00	5010.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1325.00	59662.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1325.00	59662.31
12. Transfers From Affiliated/Other Party Committees .....	0.00	550.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	132.08	1509.32
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	2570.46	12541.18
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	2570.46	12541.18
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4027.54	74262.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1457.08	61721.63

## DETAILED SUMMARY PAGE

of Disbursements

4 / 19

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	430.67	4747.43	
(ii) Non-Federal Share.....	1620.12	17839.38	
(b) Other Federal Operating Expenditures.....	2073.02	33436.84	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4123.81	56023.65	
22. Transfers to Affiliated/Other Party Committees.....	4750.00	5100.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00	
24. Independent Expenditure (use Schedule E) .....	188.60	410.68	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	1000.00	3581.35	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	3955.48	14505.76	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	3955.48	14505.76	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14017.89	89621.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12397.77	71782.06	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1325.00	59662.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1325.00	59662.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2503.69	38184.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	132.08	1509.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2371.61	36674.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A.**

Full Name (Last, First, Middle Initial)

Philip Corboy

Mailing Address 26 Woodley Rd

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corboy & Associates

Occupation  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7269

Amount of Each Receipt this Period

1200.00

Dinner- Table

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A.**

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address Bill Payment Center

City

Saginaw

State

MI

Zip Code

48663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1009.36

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: SA15.7273

Amount of Each Receipt this Period

132.08

Refund for discontinued  
phone lines

**SUBTOTAL** of Receipts This Page (optional) .....

132.08

**TOTAL** This Period (last page this line number only) .....

132.08

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

A.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow Street, Suite 11

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
ActBlue fees

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7274

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

4.94

B.

Full Name (Last, First, Middle Initial)

Daniel M. Kaplan

Mailing Address 1510 Washington Avenue

City  
Wilmette

State  
IL

Zip Code  
60091

Purpose of Disbursement  
Treasurer's Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7279

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

335.06

C.

Full Name (Last, First, Middle Initial)

Nalani McClendon

Mailing Address 628 Dundee Road

City  
Glencoe

State  
IL

Zip Code  
60022

Purpose of Disbursement  
Office Manager Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7276

Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

202.64

SUBTOTAL of Disbursements This Page (optional) .....

542.64

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

A.

Full Name (Last, First, Middle Initial)

Nalani McClendon

Mailing Address 628 Dundee Road

City  
Glencoe

State  
IL

Zip Code  
60022

Purpose of Disbursement  
Office Manager Salary

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7277

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

265.19

B.

Full Name (Last, First, Middle Initial)

Nalani McClendon

Mailing Address 628 Dundee Road

City  
Glencoe

State  
IL

Zip Code  
60022

Purpose of Disbursement  
Office Manager Salary

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7278

Date of Disbursement

12 / 26 / 2010

Amount of Each Disbursement this Period

265.19

C.

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 933 Skokie Blvd

City  
Northbrook

State  
IL

Zip Code  
60062

Purpose of Disbursement  
Hotel expense -- annual dinner

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7295

Date of Disbursement

11 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1530.38

TOTAL This Period (last page this line number only) .....

2073.02

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 19

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

A.

Full Name (Last, First, Middle Initial)

New Trier Democratic Organization

Mailing Address 800 Oak St.

City  
Winnetka

State  
IL

Zip Code  
60093

Purpose of Disbursement  
Transfer to NTD State Account

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.7283

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2010

Amount of Each Disbursement this Period

4750.00

SUBTOTAL of Disbursements This Page (optional) .....

4750.00

TOTAL This Period (last page this line number only) .....

4750.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

A.

Full Name (Last, First, Middle Initial)

Democratic Party of Illinois - State Party

Mailing Address P.O. Box 518

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Transfer to State Democratic Party

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB29.7310

Date of Disbursement

11 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A.**

Full Name (Last, First, Middle Initial)

Chase Cards

Mailing Address PO Box 15153

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
Printing, postage & Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7296

Date of Disbursement

11 / 26 / 2010

Amount of Each Disbursement this Period

3288.05

**B.**

Full Name (Last, First, Middle Initial)

North Shore Printers

Mailing Address 535 S Sheridan Rd

City  
Waukegan

State  
IL

Zip Code  
60085

Purpose of Disbursement  
State card printing & mailing for election

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7296.0

Date of Disbursement

11 / 26 / 2010

Amount of Each Disbursement this Period

3163.69

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address Bill Payment Center

City  
Saginaw

State  
MI

Zip Code  
48663

Purpose of Disbursement  
Unallocated 50% of phone bank

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7296.1

Date of Disbursement

11 / 26 / 2010

Amount of Each Disbursement this Period

94.36

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

3288.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 19

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A.**

Full Name (Last, First, Middle Initial)

Chase Cards

Mailing Address PO Box 15153

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
Telephone & email expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7291

Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

124.22

**B.**

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address Bill Payment Center

City  
Saginaw

State  
MI

Zip Code  
48663

Purpose of Disbursement  
50% unallocated phone expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7291.0

Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

94.22

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Haley Leibovitz

Mailing Address 1229 Brandywine Lane

City  
Buffalo Grove

State  
IL

Zip Code  
60089

Purpose of Disbursement  
Salary -- Deputy Field Director

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.7280

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

334.38

**SUBTOTAL** of Disbursements This Page (optional) .....

458.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

A.

Full Name (Last, First, Middle Initial)

Haley Leibovitz

Mailing Address 1229 Brandywine Lane

City State Zip Code  
Buffalo Grove IL 60089

Purpose of Disbursement  
Salary -- Deputy Field Director

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB30B.7281

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

208.83

SUBTOTAL of Disbursements This Page (optional) .....

208.83

TOTAL This Period (last page this line number only) .....

3955.48

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Trier Democratic Organization		FEC IDENTIFICATION NUMBER <b>C</b> C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date MM / DD / YYYY 11 / 26 / 2010	
Mailing Address Bill Payment Center		Amount 94.37	
City Saginaw	State MI	Zip Code 48663	Transaction ID: SE.7301
Purpose of Expenditure 50% of phone bank	Category/ Type	001	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Alexander Giannoulas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
190.45			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date MM / DD / YYYY 12 / 27 / 2010	
Mailing Address Bill Payment Center		Amount 94.23	
City Saginaw	State MI	Zip Code 48663	Transaction ID: SE.7290
Purpose of Expenditure 50% of phone bank	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J SEALS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
220.23			
(a) SUBTOTAL of Itemized Independent Expenditures .....		188.60	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....		188.60	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Daniel M. Kaplan Signature		Date MM / DD / YYYY 01 / 29 / 2011	

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 16 / 19  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

NAME OF ACCOUNT  
 New Trier Democrat-  
 ic Organization

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 0 6 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

2570.46

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2570.46

Transaction ID: H3.7306

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

2570.46

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

2570.46



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 17 / 19  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A. Full Name (Last, First, Middle Initial)**  
 Chase Cards

Mailing Address

PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

001

Purpose of Disbursement:  
 Telephone & other administrative expenses

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

20495.95

Date 

M	M
1	1

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.7302

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

75.59

284.34

359.93

**B. Full Name (Last, First, Middle Initial)**  
 AT&T

Mailing Address

Bill Payment Center

City	State	Zip Code
Saginaw	MI	48663

001

Purpose of Disbursement:  
 Office telephone

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.7303

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

40.31

151.66

191.97

**C. Full Name (Last, First, Middle Initial)**  
 Hinckley Springs

Mailing Address

P.O. Box 660579

City	State	Zip Code
Dallas	TX	75266

001

Purpose of Disbursement:  
 Water

Category/  
Type

Activity or Event Identifier:  
 Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.7304

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

15.32

57.65

72.97

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

75.59

284.34

359.93

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 18 / 19  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A. Full Name (Last, First, Middle Initial)**

Unitemized Expenses less than \$200 for the year

Mailing Address

City State Zip Code  
 IL

001

Purpose of Disbursement:  
MiscellaneousCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	1	0

Transaction ID: H4.7305

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.95

75.04

94.99

**B. Full Name (Last, First, Middle Initial)**

Schermehorn &amp; Co

Mailing Address

2737 Central Street

City State Zip Code  
 Evanston IL 60091

001

Purpose of Disbursement:  
Office rentCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

21660.95

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: H4.7275

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

244.65

920.35

1165.00

**C. Full Name (Last, First, Middle Initial)**

Chase Cards

Mailing Address

PO Box 15153

City State Zip Code  
 Wilmington DE 19886

001

Purpose of Disbursement:  
Chase Card ExpensesCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22186.81

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

Transaction ID: H4.7285

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

110.43

415.43

525.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

355.08

1335.78

1690.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 19 / 19  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Trier Democratic Organization

**A. Full Name (Last, First, Middle Initial)**  
AT&T

Mailing Address

Bill Payment Center

 City State Zip Code  
Saginaw MI 48663

001

 Purpose of Disbursement:  
Office Telephone Expense
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: H4.7286

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

46.22

173.87

220.09

**B. Full Name (Last, First, Middle Initial)**  
Winnetka Chamber of Commerce

Mailing Address

841 Spruce St.

 City State Zip Code  
Winnetka IL 60093

001

 Purpose of Disbursement:  
Annual membership
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: H4.7287

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

40.95

154.05

195.00

**C. Full Name (Last, First, Middle Initial)**  
Unitemized Expenses less than \$200 for the year

Mailing Address

 City State Zip Code  
IL

001

 Purpose of Disbursement:  
Virus protection & toner
Category/  
Type
 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: H4.7288

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

23.26

87.51

110.77

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

430.67

1620.12

2050.79